

## Performance Evaluation Goals

| Employee Name:   | Social Security Number: |  |
|--|-------------------------|--|
| Department Name:   | Job Title:              |  |
| Review Date:   | Job Date:               |  |
| Supervisor:  | Supervisor Title:       |  |
| Purpose: The purpose of this plan is to set individualized, specific and measurable goals tied into the overall success of the department and the department budget. You may set both short term and long term goals for the upcoming year. You will use the goal sheet in the next year's evaluation process. |                         |  |
| Results Key  |                         |  |
| EE- Exceeds Expectations ME-Meets Expectations BE-Below Expectations   |                         |  |
|  |                         |  |
| Goal 1   |                         |  |
| Goal:  |                         |  |
|  |                         |  |
|  |                         |  |
| Results: □EE □ME □BE   |                         |  |
| Comments:  |                         |  |
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|                      | Goal 2 |
|----------------------|--------|
| Goal:                |        |
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|                      |        |
| Results: □EE □ME □BE |        |
| Comments:            |        |
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|                      | Goal 3 |
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| Goal:                |        |
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|                      |        |
| Results: DEE DME DBE |        |
| Comments:            |        |
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| Goal 4  |       |  |
|---|-------|--|
| Goal:   |       |  |
| <b>Results:</b> □ <b>E</b> E □ <b>M</b> E □ <b>B</b> E  |       |  |
| Comments:   |       |  |
| Goal Acknowledgment   |       |  |
| As the employee by signing below I am acknowledging that I have a vested interest in the goals listed above and I will work diligently within the next 12 months or the predetermined time frame to achieve those goals. I understand I will be evaluated on the outcome of those goals in my next year's Performance Evaluation. |       |  |
| Goal Acknowledgment Signatures:   |       |  |
| Employee:   | Date: |  |
| Supervisor:   | Date: |  |
| Elected Official/Director:  | Date: |  |
| Follow-up Review  |       |  |
| Follow-up Review Date: (next year's review date, unless otherwise noted for a specific goal)  |       |  |
| Follow-up Review Signatures:  |       |  |
| Employee:   | Date: |  |
| Supervisor:   | Date: |  |
| Elected Official/Director:  | Date: |  |